

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/575539</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2	/					52							
3	/					53							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/					TOTAL IND.							
TOTAL DEP.	S	←		←	←	TOTAL DEP.	←		←	←	←		
TOTAL CLAIMS	6					TOTAL CLAIMS							